Casse222386500shudt77 DDoc1276illed 0371161209/276hldred D0s6261209120384011:271a8je 1 D65c Ex. 2 Page 1 of 5

		<u> </u>	age 1 01 3	
Ī	ill in this information to identif	y the case:		
ι	Jnited States Bankruptcy Court fo	or the:		
-	District of	_		
(Case number (If known):	Chapter		
				☐ Check if this is an
\sim	official Forms 105			amended filing
	official Form 105			
<u> </u>	nvoluntary Pe	tition Against ar	n Individual	12/15
ca po	se against a non-individual, us	se the <i>Involuntary Petition Against a l</i>	lege to be a debtor subject to an involuntary case. Non-individual (Official Form 205). Be as complete n. On the top of any additional pages, write name a	and accurate as
Pa	Identify the Chapte	r of the Bankruptcy Code Under	Which Petition Is Filed	
1.	Chapter of the	Check one:		
	Bankruptcy Code	☐ Chapter 7		
		Chapter 11		
Pa	art 2: Identify the Debtor			
2.	Debtor's full name			
		First name		
		Middle name		
		Middle Hame		
		Last name		
		Cutting (Car. In III III)		
		Suffix (Sr., Jr., II, III)		
3.	Other names you know the debtor has used in the last 8 years			
	Include any assumed, married, maiden, or trade names, or <i>doing business as</i> names.			
4.	Only the last 4 digits of debtor's Social Security	☐ Unknown		
	Number or federal Individual Taxpayer Identification Number (ITIN)	xxx - xx	OR 9 xx - xx	
5.	Any Employer Identification Numbers (EINs) used in the last 8	☐ Unknown		EXHIBIT
	years	EIN		
			_	Trustee 2
		LIIN		\

Debtor Case number (if known)_____

6.	Debtor's address	Priı	ncipal residence			Mailing addr	ess, if different fror	n resider	ice
		Nun	nber Street			Number S	Street		
		City		State	ZIP Code	City		State	ZIP Code
		Cou	nty						
		Prii	ncipal place of business						
		Nun	nber Street						
		City		State	ZIP Code				
		Cou	nty						
7.	Type of business		Debtor does not operate a bus	siness					
		Che	eck one if the debtor operates a	busines	ss:				
			Health Care Business (as defin						
			Single Asset Real Estate (as d			101(51B))			
			Stockbroker (as defined in 11						
			Commodity Broker (as defined None of the above	1 IN 11 U	7.5.C. 9 101(b)))			
8.	Type of debt	Eac	ch petitioner believes:						
			Debts are primarily consumincurred by an individual prima					§ 101(8) a	as
			Debts are primarily busine for a business or investment o					I to obtain	money
9.	Do you know of any		No						
	bankruptcy cases pending by or against		Yes. Debtor				Relationship		
	any partner, spouse, or affiliate of this debtor?		District			M/DD/YYYY	Case number, if know	n	
			Debtor				Relationship		
			District				Case number, if know		
			Diotriot			M / DD / YYYY	Caco Hamber, ii Milowi		-

Casse222386500shudt77 Dooc1276illed 037112/1209/25/12dredE018/22/12091/2018/4021:271a3gle 3 Desc Ex. 2 Page 3 of 5

Debtor	Case number (if known)				
Part 3: Report About the	Case				
10. Venue	Check one:				
Reason for filing in this court.	Over the last 180 days before the filing of this bankruptcy, the debtor has resided, had the p business, or had principal assets in this district longer than in any other district.	rincipal place of			
	☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending	in this district.			
	Other reason. Explain. (See 28 U.S.C. § 1408.)				
11. Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).				
	The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).				
	At least one box must be checked:				
	☐ The debtor is generally not paying such debtor's debts as they become due, unless they are bona fide dispute as to liability or amount.	e the subject of a			
	☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, authorized to take charge of less than substantially all of the property of the debtor for the p lien against such property, was appointed or took possession.	or agent appointed or urpose of enforcing a			
12. Has there been a	□ No				
transfer of any claim against the debtor by or to any petitioner?	☐ Yes. Attach all documents that evidence the transfer and any statements required under Ba 1003(a).	nkruptcy Rule			
13. Each petitioner's claim	Name of petitioner Nature of petitioner's claim	Amount of the claim above the value of any lien			
		\$			
		_			
		\$			
		_			
		\$ 			
	Total	\$			
	Total				
	If more than 3 petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's (or representative's) signature under the statement, along with the signature of the petitioner's attorney, and the information on the petitioning creditor, the petitioner's claim, the petitioner's representative, and the attorney following the format on this form.				

	Page 4 of 5					
Debtor	Case number (if known)					
Part 4: Request for Relief						
creditor is a corporation, attach the corporate ownership statement requirepresentative appointed in a foreign proceeding, a certified copy of the Petitioners declare under penalty of perjury that the information provided false statement, they could be fined up to \$250,000 or imprisoned for up	etitioners request that an order for relief be entered against the debtor under the chapter specified in Part 1 of this petition. If a petitioning editor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign presentative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached. etitioners declare under penalty of perjury that the information provided in this petition is true and correct. Petitioners understand that if they make a se statement, they could be fined up to \$250,000 or imprisoned for up to 5 years, or both. S. U.S.C. §§ 152 and 3571. If relief is not ordered, the court may award attorneys' fees, costs, damages, and punitive damages. 11 U.S.C. § 303(i).					
Petitioners or Petitioners' Representative	Attorneys					
Signature of petitioner or representative, including representative's title	Signature of attorney					
Printed name of petitioner	Printed name					

ZIP Code

Contact phone

If petitioner is an individual and is not represented by an attorney:

State

Contact phone

MM / DD /YYYY

Mailing address of petitioner

Name and mailing address of petitioner's representative, if any

Name

Email

Date signed

Number Street

City

Number Street

City State ZIP Code

Signature of attorney		
Printed name		
Firm name, if any		
Number Street		
City	State	ZIP Code
Date signed		

_____ Email david.eastlake@bakerbotts.com_

Casse222386500shudt77 DDocc1276illed 0371124229/257124red \pm 0384224221:271a36 \pm 5 Desc Ex. 2 Page 5 of 5

otor	Case number (if known)	
	×	
Signature of petitioner or representative, including representative's title	Signature of Attorney	
Printed name of petitioner	Printed name	
Date signed MM / DD / YYYY	Firm name, if any	
Mailing address of petitioner	Number Street	
	City State	ZIP Code
Number Street	Date signed	
City State ZIP Code	MM / DD / YYYY	
	Contact phone Email	
Name and mailing address of petitioner's representative, if any		
lame		
Number Street		
vullibei Street		
City State ZIP Code		
	×	
Signature of petitioner or representative, including representative's title	Signature of Attorney	
orginature of petitioner of representative, including representative's title	Signature of Attorney	
Printed name of petitioner	Printed name	
Date signed		
MM / DD /YYYY	Firm name, if any	
	Number Street	
Mailing address of petitioner	Number Street	
	City State	ZIP Code
Number Street	Date signed	
City State ZIP Code	MM / DD / YYYY	
	Contact phone Email	
Name and mailing address of petitioner's representative, if any		
Name		
Number Street		
City State ZIP Code		